

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586062

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		1				
8		0				
9		0				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		0				
18		0				
19		1				
20	1					
21		1				
22		2				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
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34		1				
35		1				
36		1				
37		1				
38		1				
39	1					
40		1				
41		2				
42		1				
43		1				
44		1				
45		1				
46						
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48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	48	←		←		←
TOTAL CLAIMS	51					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						